

REQUEST FOR RECORDS
DISPOSAL AUTHORIZATION

STATE OF IDAHO

TO: State Record Center

Page
of
FOR SRC USE ONLY
Control No.

Department:	Street Address, City, State, Zip code:	Date
Department Approval: (include Title)		
Are Any of these Records on Microfilm? If yes, enter M/F Next to the Title of Records <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Records.	
Are Any of these Records Stored Elsewhere? If Yes, Identify the other Locations. <input type="checkbox"/> Yes <input type="checkbox"/> No	Volume. Sq. Ft. of Floor space. _____ Cu. Ft of Records _____	
Disposal If approved, Please indicate Yes or No if your Department wants the State Record Center to Handle the Disposal of these records. If Yes, PLEASE Call for current costs. If No, the Records will be delivered to your office. <input type="checkbox"/> Yes <input type="checkbox"/> No Department Approval: (include Title)		

RECORD S G NUMBER	RECORD TITLE (INCLUDE CONTENTS DESCRIPTION)	INCLUSIVE DATES	TOTAL RETENTION

SUBMIT COMPLETED FORM TO STATE RECORD CENTER FOR PROCESSING.

